

# STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department  
of Public Health  
and Environment

## Health Improvement Team (HIT)

Monthly HIT Call

October 17, 2013

### Location:

Conference Call

Colorado Department of Public Health and Environment

4300 Cherry Creek Drive South, Denver, CO 80246

**In Attendance:** Emily Kinsella      WWC Unit Manager  
Ivy Hontz      WWC Program Coordinator  
Jackie Laundon      WWC Program Assistant

### Introduction and Attendance – Emily Kinsella, Ivy Hontz

Emily Kinsella and Ivy Hontz welcomed everyone and did roll call.

### Topic of Call: Succession Planning and Cross-Training

**Purpose of Call:** The purpose of the HIT call was to provide WWC agencies an understanding of cross-training staff, and planning for change or unexpected departure of key staff. Succession planning is the process of identifying and developing staff to fill key positions within your agency or WWC program.

### Having gone through the process

*First presenter: Kristi Stump, San Juan Basin Health Department*

Ms. Stump discussed that there was more demand for service in SJBHD's Pagosa Springs site rather than in the Durango site. They had unexpected turnover and ended up with very few staff who knew the WWC program and especially eCaST. Unfortunately, most of the WWC and eCaST work ended up on one person with one site faxing forms to the other site for data entry. The plan is to train someone at the Pagosa Springs site to go through eCaST training. This past fiscal year, SJBHD had more conservative goals, which are more attainable. She also noted that it was comforting to know that the nearby Planned Parenthood site also participates in WWC, so that the two sites are complementary in that women in the area are still being served even if there are gaps in service due to staff turnover at SJBHD.

*Second presenter: Esther Clark, Planned Parenthood of the Rocky Mountains*

PPRM has 21 health centers, and at each health center, there is one case manager that also does data entry. PPRM does have a high amount of turnover, since staff move on to take new positions (particularly in the summer). As such, it is absolutely key to maintain clear communication with staff at all levels. Additionally, having written guidelines to train staff on WWC has helped streamline the training /onboarding process. Ms. Clark also noted the importance of ensuring that the health center manager understands the importance of WWC, since they will be more likely to give advance notice that the WWC case manager is leaving. This works

to give the site more time to prepare for the gap in staff. Having a written timeline/order in which the training process needs to be completed makes the new employee training process much smoother. New employees also meet/have a phone call with Esther before attending eCaST training. Addressing the interim process is also important until the new staff member is ready — spreading out the work in the time between the previous employees and the new employee allows for continuity and an easier beginning for the new employee. Written staff descriptions are also helpful for new WWC case managers, since it clearly delineates each staff member's responsibilities. Lastly, having routine communications in place makes everything run more smoothly. For example, at PPRM, staff complete monthly checklists and submit them to Ms. Clark, which makes them more accountable and on track with her.

### **Just going through the process**

*Third presenter: Holly Escudero, Clinica Family Health Services*

Clinica FHS began its succession planning and cross-training process by reaching out to Esther Clark at PPRM for advice, then modified it to fit Clinica FHS' needs. Ms. Escudero met with people regularly to make sure she understood how everything at the sites was interconnected, and to understand where the problems were. This also worked to gain support from the executive leadership. Site leadership also didn't completely understand the cancer screening program, so communicating with them and training them on the program got everyone on the same page. Training site champions worked to streamline the team and improve communications. Ms. Escudero meets with all site champions on a weekly basis, and everyone comes together once a month. She created cheat sheets for every role so that people know their responsibilities. Clinica Family Health Services also hired a cancer screening case manager to ensure continuity within the organization. Lastly, in order to better maintain institutional memory, they give a refresher training when there is the grant renewal in the summer. This process took about 6-7 months, but Ms. Escudero feels like they have a better handle on it now. Holly will send examples of the role cheat sheets to Ivy. Please contact Ivy Hontz if you would like a copy. (A copy of the cheat sheet is included with these minutes)

### **Just beginning the process**

*Fourth presenter: Sarah Robinson, Marillac Clinic*

Marillac Clinic has a main clinic in Grand Junction and another in Palisade. Ms. Robinson reported some discontinuity in general at the clinic sites: they had 1.5 years with an interim director (the permanent director started in January). They also did not have a medical director for 2 years; this position was just recently filled. Traditionally, one person fills the WWC coordinator position, and nobody had a good grasp on what they did, because they acted fairly independently. Given the high turnover, this posed an issue for those who filled the position. Lessons learned at Marillac: there was issue with how they were managing themselves with WWC about a year ago, but nothing was thoroughly implemented to change the situation in a timely manner. They then had turnover of the two people who had any knowledge of WWC at their clinics. Marillac then reevaluated everything, and rebuilt their understanding of the program and its needs from the base. They had a helpful partner in St. Mary's residency program (Tonya Endsley) and at the state level. Marillac realized that it doesn't matter who does patient navigation as long as you have a good team. The most important part is cross-training and bringing in all departments. Ms. Robinson suggested passing the process flow around to everyone to get their input as well as to ensure that everyone is on the same page. Lastly, Ms. Robinson noted that proximity to team members is important; Marillac had previously had patient navigators on the other side of building and on a different floor, which hindered communication. Navigators are now on same side/floor, and communication is better.

### **Q&A/Final Roll Call – Ivy Hontz**

WWC staff answered questions from agencies on the phone. Ivy Hontz took a final roll call. If your agency was unable to attend the live call and is making up attendance by reviewing these notes, please email your agency's program coordinator (Kris McCracken or Ivy Hontz) to let them know you have reviewed the minutes.

## FRONT DESK

- **Reviews patient schedule** for Well Woman Exams and appointments related to pelvic or breast pain in the morning to determine patient eligibility
- **Choose both CSP pay code** and sliding fee payer code for the patient
- **Give enrollment paperwork** to eligible patient
- **Collects co-pay** at time of visit; amount is credited to patient account if no additional studies are ordered

Medication: [ ] CT Body / Extremities: [ ] MRA (Vascular MRA): [ ]

Patient: TestIPN, Jane

Available Insurance

Payer Name	Available	Plan Nb	Policy Nbr	Effective Date	Expired Date
Patient					
Clinica Cancer Screening	✓			07/05/2011	07/07/2011
Clinica CICP C Sliding Sca	✓				
United HealthCare			000000000000		
MEDICAID			A123456		

Address: 2490 W 26th Ave S Zip: 80211

Close

Make sure "Clinica Cancer Screening Program" insurance is listed (promoted) at the top

## MEDICAL ASSISTANT

- Assists patients with the completion of enrollment paperwork
  - WWC Consent Form
    - ✓ Thoroughly explains coverage of services, makes sure page is signed *and* dated
  - Patient History form
- Appointments
  - Made at the time of patient's visit
  - Give patient a copy of the xray req – be sure “Clinica Cancer Screening Program” listed as insurance
  - Note the time and location of appointment in telephone template and on the xray req
  - Remind patient to take valid I.D. and copy of requisition to appointment
  - Check to make sure insurance is “Clinica Cancer Screening Program” and only relevant studies are listed
  - Fax xray req to imaging provider

**\*Note\*** Inform patient *not* to present their CICP card (if they have one), as it will lead the hospital/radiologist to believe that the patient is not in the cancer screening program

- Enrollment Paperwork
  - Turn in Enrollment packet to COT either in person or in the cancer screening basket on your pod
  - Immediately (same day as patient's visit)
  - DO NOT hold the paperwork for any reason, it needs to be entered into the CSP database as soon as possible to ensure payment
- Appointment Follow up
  - Pt. no shows/misses appointment
    - ✓ 3 attempts to reschedule including 1 letter
    - ✓ Document in EMR
    - ✓ Notify COT

## NURSE (MOSTLY FOR NURSE CHAMPION)

- Responsible when patient requires additional imaging
  - Ensure studies are completed
  - Task MA to schedule and follow up
    - Make sure documentation of patient response
      - Lost to Follow up Patients
      - Refusal of Diagnostics
      - Appt date/time
  - Short Term Follow up
    - Oversee MA
  - Surgical Referrals
    - Oversee RCM
  - Communicate all results to COT ASAP for data entry and reimbursement purposes
- Diagnostic time requirements:
  - Timeliness parameters between screening and diagnosis and between diagnosis and treatment have been set up by the Department of Health and the CDC (WWC only).
    - No more than 60 days between *screening* and *diagnosis*
    - No more than 60 days between *diagnosis* and *treatment*
- Oversee the completion of the PE and BCCP paperwork upon cancer diagnosis for WWC eligible patients
  - BCCP Enrollment Step List:  
<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadname1=Content-Disposition&blobheadname2=Content-Type&blobheadvalue1=inline%3B+filename%3D%22BCCP+Enrollment+Step+List.pdf%22&blobheadvalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251840300133&ssbinary=true>
- Oversee patient follow-up when cancer diagnoses is present (Komen & WWC) → can be RCM with nurse oversight

## PROVIDER

- Documentation information
  - Background:
    - Breast symptoms
    - Hx of cancer including family hx (breast and cervical not CIN II/III)
    - Previous Pap test if not in lab
    - Previous mammo if not in results
    - Hysterectomy status and reason for hysterectomy
  - Exam:
    - CBE results in PHYSICAL EXAM TEMPLATE
      - If have abnormal CBE, need to come back into the clinic for a recheck even if mammo comes back normal OR you need to document what follow-up needed based on results you got.
    - Pelvic exam results in PHYSICAL EXAM TEMPLATE
    - PAP results – these will be in the lab module but please note one was performed (click on pap box in genitourinary p/e template where it asks if pap done)
      - HPV → can get reimbursed for this
    - Mammo results IN RESULTS SECTION WITH BIRADS CODE – be sure to highlight this for MRs
  - Education (cervical and breast) – we now get reimbursed for this!!

**\*\*\*\* THE BEST THING YOU CAN DO IS CONCATENATE YOUR NOTE AND ENSURE ALL OF THE ABOVE IS IN THAT MASTER IM\*\*\*\***  
THERE! We just saved you some paperwork ;)

- Order the mammo if you fill out the packet!
- Order f/u if results necessitate – nurses need your help with this!
- Algorithms – <P:\Committees\Cancer Screening Program-WWC & Komen\Training\Updated Consensus Guidelines for Managing Abnormal Cervical Cancer Screening Tests and Cancer Precursors Algorithms.pdf>

**ALERT COT AND NURSE CHAMPION IF YOU SEE A POSITIVE DIAGNOSIS ASAP!!!**

## MEDICAL RECORDS

- **ALERT COT AND NURSE CHAMPION IF YOU SEE A POSITIVE DIAGNOSIS** for cervical or breast cancer ASAP!!!
- Enter Mammo results into the “results” section and ALWAYS **include the birads score**
- **Ask** if you are unsure

## REFERRAL CASE MANAGER

- **Work with the nurse** to ensure any patients needing diagnostic follow-ups are scheduled and communicated
- **Alert the COT and Nurse Champions if you see a positive diagnosis of cervical or breast cancer ASAP!**
- **Help to get treatment** for patients needing it.

## CASE MANAGER

- **Educate patients on the benefits and reasons for screening and what screening entails in general**
  - Education should include annual breast exams, mammograms, and paps
  - As long as you document “Education on CBE/Mammo/Pap” and it is in the concatenated documented, we will get credit!